

County: Dodge

Facility ID: 4300

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HOPE HEALTH & REHABILITATION CENTER  
438 ASHFORD AVE PO BOX 280

LOMIRA 53048 Phone:(920) 269-4386

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/04): 42

Total Licensed Bed Capacity (12/31/04): 42

Number of Residents on 12/31/04: 37

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 37

Corporation

Skilled

No

Yes

Yes

37

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		45.9
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		40.5
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years		13.5
Day Services	No	Mental Illness (Org./Psy)	48.6	65 - 74	8.1			-----
Respite Care	No	Mental Illness (Other)	5.4	75 - 84	24.3			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	54.1	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	13.5	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	10.8		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	21.6	65 & Over	100.0	-----		
Transportation	No	Cerebrovascular	5.4		-----	RNs		6.4
Referral Service	No	Diabetes	5.4	Gender	%	LPNs		9.8
Other Services	Yes	Respiratory	0.0		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	2.7	Male	16.2	Aides, & Orderlies		
Mentally Ill	No	-----	-----	Female	83.8			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

## Method of Reimbursement

		Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care				
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All	
Int. Skilled Care	0	0.0	0	1	5.9	147	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	2.7	
Skilled Care	4	100.0	322	16	94.1	126	0	0.0	0	16	100.0	157	0	0.0	0	0	0.0	0	36	97.3	
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Total	4	100.0		17	100.0		0	0.0		16	100.0		0	0.0		0	0.0		37	100.0	

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
		-----				
Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	17.4	Bathing	2.7	75.7	21.6	37
Private Home/With Home Health	0.0	Dressing	13.5	73.0	13.5	37
Other Nursing Homes	4.3	Transferring	27.0	67.6	5.4	37
Acute Care Hospitals	76.1	Toilet Use	21.6	73.0	5.4	37
Psych. Hosp.-MR/DD Facilities	0.0	Eating	81.1	16.2	2.7	37
Rehabilitation Hospitals	0.0	*****				
Other Locations	2.2	Continence		%	Special Treatments	%
Total Number of Admissions	46	Indwelling Or External Catheter	2.7		Receiving Respiratory Care	2.7
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	67.6		Receiving Tracheostomy Care	0.0
Private Home/No Home Health	10.2	Occ/Freq. Incontinent of Bowel	27.0		Receiving Suctioning	0.0
Private Home/With Home Health	16.3				Receiving Ostomy Care	0.0
Other Nursing Homes	4.1	Mobility			Receiving Tube Feeding	2.7
Acute Care Hospitals	10.2	Physically Restrained	0.0		Receiving Mechanically Altered Diets	21.6
Psych. Hosp.-MR/DD Facilities	0.0				Other Resident Characteristics	
Rehabilitation Hospitals	0.0	Skin Care			Have Advance Directives	100.0
Other Locations	0.0	With Pressure Sores	2.7		Medications	
Deaths	59.2	With Rashes	2.7		Receiving Psychoactive Drugs	73.0
Total Number of Discharges						
(Including Deaths)	49					

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Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

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	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: Under 50 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	88.1	84.2	1.05	87.6	1.01	87.7	1.00	88.8	0.99
Current Residents from In-County	81.1	76.9	1.05	72.7	1.12	70.1	1.16	77.4	1.05
Admissions from In-County, Still Residing	28.3	19.0	1.48	25.0	1.13	21.3	1.32	19.4	1.46
Admissions/Average Daily Census	124.3	161.6	0.77	93.3	1.33	116.7	1.07	146.5	0.85
Discharges/Average Daily Census	132.4	161.5	0.82	92.6	1.43	117.9	1.12	148.0	0.89
Discharges To Private Residence/Average Daily Census	35.1	70.9	0.50	19.6	1.79	49.0	0.72	66.9	0.52
Residents Receiving Skilled Care	100	95.5	1.05	74.5	1.34	93.5	1.07	89.9	1.11
Residents Aged 65 and Older	100	93.5	1.07	94.4	1.06	92.7	1.08	87.9	1.14
Title 19 (Medicaid) Funded Residents	45.9	65.3	0.70	55.3	0.83	68.9	0.67	66.1	0.70
Private Pay Funded Residents	43.2	18.2	2.38	38.5	1.12	19.5	2.22	20.6	2.10
Developmentally Disabled Residents	0.0	0.5	0.00	0.6	0.00	0.5	0.00	6.0	0.00
Mentally Ill Residents	54.1	28.5	1.90	37.9	1.43	36.0	1.50	33.6	1.61
General Medical Service Residents	2.7	28.9	0.09	18.6	0.15	25.3	0.11	21.1	0.13
Impaired ADL (Mean)	41.1	48.8	0.84	46.6	0.88	48.1	0.85	49.4	0.83
Psychological Problems	73.0	59.8	1.22	57.8	1.26	61.7	1.18	57.7	1.26
Nursing Care Required (Mean)	4.1	6.5	0.63	6.3	0.64	7.2	0.56	7.4	0.55